

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission 07/05/2021 16:18 (SGT)
Date of Accident 24/04/2021 13:20 (SGT)
Exact Location of Accident 21 Marsiling Ln, Singapore 730021
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBG4664Y

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner KE TIONG CHON SUPPLY
Company Reg No 53243277X
Email Address quekzhita@gmail.com
Mobile Phone No (Phone) +65-96728815
Alternative Phone No +65-96728815

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Commercial vehicle
Transmission Manual
CC 2982

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2070092357
Cover Note Number -

DRIVER

Name of Driver KE TIONG CHON@QUEK TIONG CHON
NRIC No S1053510G

Date Of Birth	01/08/1946
Occupation	Indoor
Date Of Driving Pass	12/11/1963
Driving experience	57 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96728815
Alt. Phone Number	-
Email Address	quekzhitao@gmail.com
Address	BLK 894A WOODLANDS DRIVE 50 #11-71
Address complement	-
Postcode	730894
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	No Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Panjang North Neighbourhood Police Post
Police Station Address	Blk 27 Marsiling Drive Singapore 730027
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 24/4/2021 AT ABOUT 0600HRS. I WOULD USUALLY REACHED AT MY STALL LOCATED ALONG BLOCK 21 MARSILING ALNE WET MARKET TO OPEN UP HIS STALL SELLING CHICKEN EGG AND WOULD NORMALLY LEFT THE MARKET AT ABOUT 1500HRS.I WISHED TO STATE THAT I COULD NOT RECALL ANY ACCIDENT OCCURRED AND I WAS MOSTLY WORKING AT THE MARKET.I WISHED TO STATE THAT THE LORRY (GBG4664Y)WOULD BE DRIVEN BY MY SON (MR ZHI TAO,HP:94309967), WIFE MDM LEE KOOI LING HP:96728815) AND MYSELF.NO OTHER PERSON COULD HAVE DROVE THE LORRY.I ALREADY CHECKED WITH MY FAMILY MEMBER BUT THEY DID NOT DROVE THE LORRY ON THE SAID INCIDENT. I WISH TO STATED THAT NO COLLISION OR IMPACT UPON THAT TIME AND MY VEHICLE NEVER SUSTAIN ANY DAMAGE.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV1162B
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Refer to Police Report

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

T / 20210506 / 2138

I wish to state that no collision or impact upon that time and my vehicle ... never sustain any damage.

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : KE TIONG CHON SUPPLY
Period of Insurance : 14 Aug 2020 To 13 Aug 2021
Engine No. : 1KD2725346
Chassis No. : JTFAT35Y70K208416

Vehicle No. : GBG4664Y
Policy No. : 2070092357
Endorsement No. :
Issued Date : 18 Jun 2020

ABOUT THE COVER

Make/Model : TOYOTA DYNA 150 1.7 ton [Lorry]
Engine Capacity/Tonnage : 1.7 Tonnage **Sum Insured** : Market Value **First Year of Registration** : 2017
Driver Restriction : NA **Off Peak Car** : No **Insuring with COE/PAF** : Yes

Person or Classes of Persons Entitled to Drive* :

a) Any person who is driving on the Policyholder's order or with their permission.
 b) This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use* :

1) Use in connection with the Policyholder's business.
 2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business.
 3) Use for social, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing; and b) use whilst drawing a trailer except the towing of anyone disabled using a mechanically propelled vehicle. c) use for any purpose in connection with Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings

EXCESS

Section 1

Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.
 For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, You may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MERCEDES BENZ FINANCE CO LTD

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504668000

AUTO INSURE INSURANCE AGENCY

48 TOH GUAN ROAD EAST #01-101 ENTERPRISE HUB
 SINGAPORE 608586

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Auto Insure Insurance Agency



















**SINGAPORE
POLICE FORCE**



T/20210506/2138

1 of 3

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999


Report No. T/20210506/2138

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/05/2021 21:44		Vide Report No.:		Station Diary No.: 23	
Informant's Particulars					
Name of Informant: KE TIONG CHON			Address: APT BLK 894A WOODLANDS DRIVE 50 #11-71 SINGAPORE 730894		
ID Type / ID No.: NRIC NO / S1053510G			Contact No.: Home/Office: Mobile: 96728815		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 74	Date of Birth: 01/08/1946	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Hawker/Stall holder (excluding prepared food or drinks)			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/04/2021 13:20	Type of Location:
Location: MARSILING LANE				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG4664Y	Lorry				No Damage	0

 **SINGAPORE
POLICE FORCE**


Barcode: T/20210506/2138

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

2 of 3
Report No. T/20210506/2138

CONTINUATION OF REPORT

Brief Details.
On 24/04/2021 at about 0600hrs, I would usually reached at my stall located along Block 21 Marsiling Lane wet market to open up his stall selling chicken egg and would normally left the market at about 1500hrs. I wished to state that I could not recall any accident occurred and I was mostly working at the market. I wished to state that the lorry (GBG4664Y) would be driven by my son (Mr Zhi Tao, HP:94309967), (wife Mdm Lee Kooi Ling, HP:96728815) and myself. No other person could have drove the lorry. I already checked with my family member but they did not drove the lorry on the said incident.



**SINGAPORE
POLICE FORCE**

T/20210506/2138

3 of 3

Report No. T/20210506/2138

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

CONTINUATION OF REPORT**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

L /

Sgt 1 MUHAMMAD SHARIN BIN ROSLI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
06/05/2021 21:44

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MUHAMMAD NOOR BIN ABDUL
RAHMAN

Contact No.: 65476201

Authentication Stamp
NP158

Signature :

Classification Of Case:

SN 127

Singapore Police Force